

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 8/26/03.

I. DISPUTE

Whether there should be reimbursement for arthrodesis - 22650-80 and re-exploration of spinal fusion - 22830-80 performed 1/30/03 and denied by the respondent on the basis of "G" – global.

II. RATIONALE

When the carrier reimbursed the requestor for the surgical fees in this dispute, the carrier identified laminotomy 63042-80 as the primary procedure. The requestor agrees that 63042-80 is the primary procedure.

The carrier states that the disputed re-exploration of spinal fusion – 22830-80 is global to the laminotomy. It also states the disputed arthrodesis 22650-80 should not be billed without the appropriate primary procedure.

The "Global Service Data for Orthopaedic Surgery" identifies 63042 as re-exploration laminotomy. Of those services listed as global to the service, neither 22830 or 22650 are listed.

A letter from the American Medical Association, dated 12/1/98, supports the requestor's position, stating, "The exploration of a spinal fusion (code 22830) requires a significant amount of work and was intended to be reported separately when performed in addition to other spinal procedures..."

Per the Medical Fee Guideline, Surgery Ground Rules (I)(D)(2) procedure 22650-80 "shall not be reduced per the Multiple Procedure Rule."

On this basis, reimbursement of 22830-80 is recommended at 50% of the MAR as per MFG, SGR, (I)(D)(b). Reimbursement of 22650-80 is recommended at 100% of MAR. Both services payable at 25% of the listed MAR per the Medical Fee Guideline as assistant surgeon fees. The recommended reimbursement is \$125.00 for 22830-80 and \$250.00 for 22650-80.

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for 22650-80 and 22830-80 in the amount of **\$375.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$375.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 15th day of June, 2004.

Noel L. Beavers
Medical Dispute Resolution Officer
Medical Review Division

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